

# PEDIATRIC

## ORAL GLUCOSE

### BASIC LIFE SUPPORT GUIDELINE

#### INDICATIONS:

- Patients with altered mental status or other associated signs/symptoms of hypoglycemia  
**AND**
- Patients with a known history of diabetes or hypoglycemia  
**AND**
- Patient able to swallow.

#### POTENTIAL ADVERSE EFFECTS

- Aspiration if not able to swallow

#### CONTRAINDICATIONS:

- Unresponsive or unconscious
- Unable to swallow

#### PRECAUTIONS

- Do not administer a large portion at one time.

1. Assess the patient, treat ABC problems, obtain baseline vitals and consider transport plan based on general impression.
2. Determine last meal, last medication dose or any related illness.
3. Assure that the patient is conscious, alert enough to swallow, and able to control airway.
4. Have suction available.
5. Administer first dose of oral glucose (15 grams) by either of the following methods:
  - a. Put glucose on tongue depressor, place tongue depressor between cheek and gum,
  - OR**
  - b. Hold back patient's cheek and squeeze small portions into the mouth between cheek and gum.
6. Lightly massaging the area between cheek and gum may help to induce swallowing.
7. The items listed below each contain approximately 15 grams of glucose and can be used if glucose gel is unavailable.
  - 1/2 cup (4 ounces) of any fruit juice
  - 1/2 cup (4 ounces) of a regular **(not diet)** soft drink
  - 1 cup (8 ounces) of milk
  - 1 or 2 teaspoons of sugar
  - 2 or 3 glucose tablets (May be difficult to use if patient is unwilling to chew)
8. Readminister a second dose equal to 15 grams if needed.

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and protocols.

# PEDIATRIC

9. Perform ongoing assessment:
  - If patient loses consciousness or seizes, remove tongue depressor from mouth and protect airway.
  - Monitor airway closely to avoid accidental blockage by or aspiration of oral glucose.
  - It may take up to 20 minutes to see noticeable improvement.
  - If patient continues to deteriorate, manage airway and breathing, provide high flow O<sub>2</sub>.
10. Record events, transport promptly and continue to monitor patient and assist as needed.

The Idaho EMSC Project has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the child's clinical presentation and on authorized policies and protocols.